

PERS 10/18/10 10:40

PERSONNEL INFORMATION

NAME Mildred Thornton Groggel (Mickey)
 FIRST Middle LAST

ADDRESS 1101 Carolina Court STREET NAME # & POB# APT#

City Mobile State AL Zip Code 36695

HOME PHONE# 634-4851 2nd line Cell or PGR# 634-1785

SSN# 552-86-1837

DATE OF BIRTH 3-14-51

PLACE OF BIRTH Portsmouth CITY STATE Va.

DATE OF EMPLOYMENT 5-88

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN AT YOUR HOME RESIDENCE)

1. NAME Kathi Allen

RELATIONSHIP TO YOU friend

ADDRESS Hunters Court

CITY Mobile STATE AL

HOME PHONE# 600-1876 WK# 607-7231

2. NAME Stephen Clark

RELATIONSHIP TO YOU friend

ADDRESS

CITY Eight Mile STATE AL

HOME PHONE# 452-2358 WK# 421-5704 Cell phone

PLAINTIFF'S
EXHIBIT

Code: _____

State of Alabama Personnel Department
Form 40, August 1980

POSITION CLASSIFICATION QUESTIONNAIRE

1. Employee's Name	Mildred Groggel Barrett		Leave Blank
2. Official or Payroll Title	Administrator V		
3. Usual Working Title of Position	Program Director		
4. Place of Work	Mobile	Tel. No.	633-0400
8. Name & Title of your Immediate Supervisor:	Susan Stuardi, Facility Director		
9. Position is fulltime <input checked="" type="checkbox"/> . parttime _____ . permanent <input checked="" type="checkbox"/> . temporary _____ . seasonal _____ . intermittent _____ .			
10. Regular Daily Hours of Work From: 8:00 AM To: 4:30 PM Regular Days Off Each Week Saturday & Sunday	Total Hours Per Week		40

11. If you are a supervisor, give the name and payroll titles of employees you supervise directly, if five or fewer. If you supervise more than five employees, give the number under each title. If you supervise one or more units, give the name of each unit and unit head and the number of employees in each unit by title.
-
-
-
-

12. Describe below in detail the work you do. Use your own words and write your description so that persons unfamiliar with your work can understand exactly what you do. Indicate if your assignments change over a year's time; e.g., winter duties, summer duties, etc.

TIME	WORK PERFORMED
See Instructions	<p>This is a highly responsible position which requires current knowledge of DMH/MR policies and procedures, extensive familiarity with Title XIX standards, ACDD standards, systems planning, problem solving and program development.</p> <p>Duties will include but not be limited to:</p> <ol style="list-style-type: none"> 1. Design, create and improve programmatic services necessary for the active treatment/habilitation of clients. 2. Design and implement a monitoring process for the active treatment system through: <ol style="list-style-type: none"> a. Assessment and planning processes. b. Implementation of training objectives and delivery of services in all areas. c. Data collection, documentation and reporting of progress in all areas. d. Modification of plans and services to meet changing needs. 3. Design a staff feedback system including monitoring tools. 4. Conduct in-service for staff in training methods and clinical priorities. 5. Coordinate with all service areas/departments to promote systems/process improvements which will impact active treatment. 6. Work with assigned areas to ensure compliance on standards for Title XIX, UR, DMH/MR Policies, Court Guidelines and other regulations applicable to the Center.

Human Resources Department on relevant job related topics as needed; and center policies.

14. How is your work reviewed? (E.g., in detail, checked by another person, accepted as final). Work is reviewed and approved by Facility Director.

15. Describe your contacts with other departments, outside organizations, and the general public. Inter-action with all professional staff.

16. List any machines, tools, & equipment you use regularly in your work and the percent of time spent operating each.

N/A	%	%	%
	%	%	%

17. Do you receive any maintenance benefits in addition to your cash salary? Room (), Meals (), Uniform (), Laundry (), Automobile (), Per Diem Allowance (), Other (), None (). Please describe. Access to a state car for local and long distance travel for Center related business. Eligible for per diem allowance for out-of-town trips on Center related business.

I certify that I have read the instructions, that the above answers are my own, and to the best of my knowledge that they are accurate and complete.

Date _____ Employee's Signature _____ Time spent in completing this form. _____ hrs.

STATEMENT OF IMMEDIATE SUPERVISOR

18. Comment on employee's statements, indicate where you believe they are incorrect or incomplete. Correct as stated.

19. What do you consider the most important duties of this position? Coordination of the rehabilitative service system for clients.

20. Does this position require maintenance, trade or craft skills? Yes _____ No At what level? Trainee or apprentice _____ helper _____ journeyman _____.

Does this position involve typing? No Yes () What % of time? % Is typing incidental () or important ()?

22. Does this position involve shorthand? No Yes () What % of time? % Is shorthand incidental () or important ()?

23. Indicate the qualifications which you think should be required in filling a future vacancy in this position. Keep the position itself in mind rather than the qualifications of the individual who now occupies it.

	Necessary Qualifications	Additional Desirable Qualifications
Education and Special Training	Graduation from a four year college or university, supplemented by a Master's Degree in Psyc., Social Work, Spec. Ed., Beh. Science or other health related field.	At least 5 years of supervisory and/or quality assurance experience.
Experience, length in years and kind	At least 2-6 years experience in a mental retardation setting.	
Licenses or Certificates Required	The same certification, licensure will be required as are required for comparable positions in community practice.	
Special knowledges, abilities, skills, physical requirements, or other factors	Broad working knowledge of Title XIX, ICF/MR, and ACDD guidelines and regulations. Extensive experience with programmatic development programming techniques and systems monitoring.	

Date _____ Immediate Supervisor's Signature _____ Time spent completing this portion of form _____ minutes.

STATEMENT OF DEPARTMENT HEAD OR OTHER APPOINTING AUTHORITY

24. Comment on the above statements of the employee and the supervisor. Indicate any inaccuracies or statements with which you disagree. Please comment on the qualifications suggested by the supervisor.

Date April 1, 1994

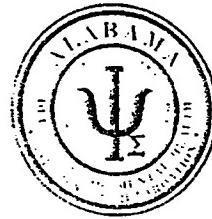
Department Head's Signature 

STATE OF ALABAMA

DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION

RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410

DON SIEGELMAN
GOVERNOR



KATHY E. SAWYER
COMMISSIONER

April 28, 2004

Ms. Mildred Groggel
1101 Carolina Ct.
Mobile, AL 36695

Dear Ms. Groggel:

This letter is to notify you of your appointment to the exempt classification of Planning & Quality Assurance Specialist II with the Department of Mental Health effective April 17, 2004. Your rate of pay will be \$1,828.60 biweekly (Salary Range 74, Step 16).

If you have questions regarding this matter, please contact the Personnel Office at (334) 242-3112.

Please let me know if I or any member of my staff may be of assistance to you.

Sincerely,

Henry E. Ervin Jr.

Henry E. Ervin
Director of Human Resources

HEE:jo

ru 105

ALABAMA DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
PERSONNEL ACTION

EMPLOYEE ID:	552 - 86 - 1837	APPOINTMENT ID:	ORIGINAL APPT DATE: 10/20/90
NAME: (FIRST,MIDDLE,LAST)	MILDRED	T.	GROGGEI
PERS ACTION/REASON:	03 C1	EFFECTIVE DATE:	04/17/2004
EMPLOYEE STATUS:	A	DATE ENTERED CLASS	04/17/2004
EMPLOYMENT TYPE:	7	PERM/TEMP:	P
L/SUB-TITLE CODE	Q2000 /	OPTION	000
ANNUAL RAISE DATE:	04/01/2005	LEAVE PROG ST DATE:	06/07/1988
AGENCY/ORG CODE:	061 / 313E	POSITION NO.:	8823095
TABLE DRIVEN PAY:	Y	PAY RATE	\$1,828.60 B/W
DATE OF BIRTH:	03/14/1951	REC REEMP:	AMOUNT BASIS
OVRD PPA:		WORK COUNTY	51
OVRD FLSA EX:		OVRD LPA:	
PAY TYPE	RATE CODE	AMOUNT OR PERCENT	EFFECTIVE DATE
01-			
02-			
03-			
04-			
ATTRIBUTES:			
AGENCY	ADDRESS		
ORG (FACILITY)	STREET: 1101 Carolina Court		
SUB ORG (SECTION)	CITY: Mobile		
ACTIVITY (PROJECT)	STATE: AL		
OBJECT	ZIP: 36695		
	TELEPHONE: (251) 634-4851		

Position was included on the EBO9 as approved by the State Director of Finance. On 5-4-04 to 5-13-04 /
 Copy? Yes.
 K 5/13/04 DATE
 APPROVING AUTHORITY
 REVISED 1/1999

Form 13P
Revised (1/1/1998)**EMPLOYEE PERFORMANCE APPRAISAL**
STATE OF ALABAMA
Personnel Department**PREAPPRAISAL**Employee Name: MILDRED T GROGELSocial Security Number: 552-86-1837Agency: 061/MENTAL HEALTH & RETARDATIONDivision: 309E/BREWER DEV CTRClassification: DIR OF MR PROGRAM SVCSClass Code: AJ200Period Covered From: 03/01/2003 To: 03/01/2004

RESPONSIBILITIES/RESULTS: Responsibilities and results on which an employee will be rated should be listed below. These areas should be discussed with the employee during the Preappraisal session at the beginning of each appraisal year. Please refer to the Performance Appraisal Manual for instruction on how to develop responsibilities and results.

RESPONSIBILITIES/RESULTS

1. Provide adequate and appropriate supervision and direction to key leadership and other staff of Habilitation Services (Residential & Programming) so that its mission, objectives, requirements, and directions are developed, communicated to and carried out by Center staff as evidenced by the quality of services and supports, and compliance with policies/directives, as determined during self-assessment, supervisory, departmental, and regulatory review.
2. Manage Habilitation Service's delivery system/operations so that consumers are provided with identified needs and their rights are protected in accordance with Title XIX, federal, state, local, and Department laws, rules, regulations, policies, and guidelines, as evidenced by self-assessment, supervisory and regulatory monitoring.
3. Maintain a residential/habilitation environment of care that provides for the safety and protection of consumers so that individuals are not subjected to abuse, neglect, exploitation, or other harm of any sort, as evidenced by number, type, frequency and severity of incidents/injuries in the Center. (Average number of injuries should be no greater than the national average for developmental centers: Average of 6 to 9 injuries per person per year.)
4. Maintain Medicaid Title XIX ICF/MR certification of the Center without "jeopardy" status or less than "certified" status by ensuring compliance with standards of care and norms of applicable certification standards.

Ensure that all programmatic services necessary for the total habilitation of individuals who live at the Brewer Center are provided in compliance with all standards, laws and regulatory guidelines as evidenced by administrative review. This is accomplished by:

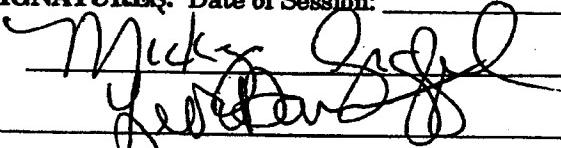
5. Serving as a member of the facility's senior management team and participates in Task Forces/Committees as necessary.
6. Representing the facility in interactions with families, DMH/MR and other agencies, professional colleagues and the general public.
7. Ensure in-service training of all staff assigned to Habilitation Services is completed in a comprehensive and timely manner as evidenced by administrative review.
8. Develop an annual Habilitation Services strategic plan that is part of the facility's overall strategic plan.
9. Reviews and evaluate expenditures.

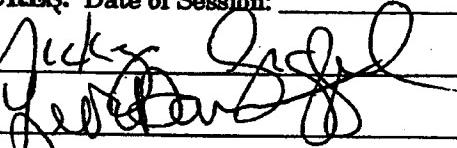
WORK HABITS: Provide check in the appropriate space when policies and procedures concerning the following areas have been discussed with the employee. In particular, the attendance and punctuality policies should be provided to the employee in writing. For instructions, refer to the performance appraisal manual and policies of the agency.

CHECK IF DISCUSSED:

- Attendance
- Punctuality
- Cooperation with Coworkers
- Compliance with Rules

PREAPPRAISAL SIGNATURES: Date of Session:

Employee Signature: 

Rater Signature: 

Reviewer Signature: _____

MIDAPPRAISAL

Describe the employee's performance strength(s) as observed during the first half of the appraisal period.

Describe area(s) of the employee's performance that need improvement as observed during the first half of the appraisal period.

Document the action plan that has been discussed to improve the areas of weakness.

Midappraisal has been held and performance has been discussed:

Signature: _____ Rater Signature: _____

Form 13
Revised (1/1/1999)

EMPLOYEE PERFORMANCE APPRAISAL
STATE OF ALABAMA
Personnel Department

Range
Number
of Steps
100%

Employee Name: Mildred T Groggel Social Security Number: 552-86-1837
 Agency: 061/Mental Health & Retardation Division: 309E/Brewer Dev Ctr
 Classification: Dir of MR Program Svcs Class Code: A3200
 Period Covered From: 03/01/2002 To: 03/01/2003 Annual Raise Effective: May 2003

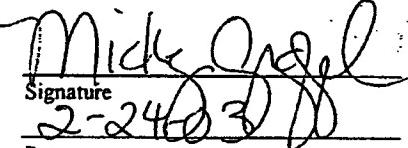
APPRAISAL SIGNATURES: Signatures are to be provided after the form has been completed.

Rating Supervisor

SSN _____

 Signature 2/24/03
 Date _____

Employee

SSN _____

 Signature 2-24-03
 Date _____

Reviewing Supervisor

SSN _____
 Signature _____
 Date _____
 Initial if comments are attached _____

PERFORMANCE APPRAISAL SCORE: Locate the Responsibility Score on the back of this form and write it in the appropriate space. Locate the Disciplinary Score, also on the back of this form, and write it in the appropriate space. The Disciplinary Score is subtracted from the Responsibility Score to derive the Performance Appraisal Score.

34 - 0 = 34
 Responsibility Score Disciplinary Score Performance Appraisal Score

This employee's work:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does Not Meet Standards (6.6 or below)	Partially Meets Standards (6.7 - 16.6)	Meets Standards (16.7 - 26.6)	Exceeds Standards (26.7 - 36.6)	Consistently Exceeds Standards (36.7 - 40)

WORK HABITS: Check the appropriate box for each work habit area. If "Noncompliance" is to be marked, a step of the discipline system (warning, reprimand, suspension) must have been taken with the employee during the appraisal period. See the Disciplinary Actions area on the back of this form for disciplinary documentation.

Compliance Noncompliance

Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with Coworkers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compliance with Rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RESPONSIBILITIES: List an abbreviated version of the employee's responsibilities below as documented on and discussed during the Preappr... Record the appropriate rating in the box for each responsibility. Rating(s) of appropriate responsibilities should reflect any disciplinary action(s) that has been taken during this appraisal period.

0 Does Not Meet Standards	1 Partially Meets Standards	2 Meets Standards	3 Exceeds Standards	4 Consistently Exceeds Standards
Responsibility				Rating
Provide adequate and appropriate supervision and direction to key leadership and other staff of Habilitation Services.				3
Manage Habilitation Service's delivery system/operations so that consumers are provided with identified needs and rights are protected.				4
Maintain a residential/habilitation environment of care that provides for the safety and protection of consumers.				4
Maintain Medicaid Title XIX ICF/MR certification of the Center without "jeopardy" status or less than "certified" status.				4
Serves on the facility's senior management team and participates in Task Forces/Committees.				4
Represents the facility in interactions with families, DMH/MR and other agencies, professional colleagues and the general public.				3
Ensure in-service training of all staff assigned to Habilitation Svcs.				3
Develop an annual Habilitation Services strategic plan.				3
Reviews and evaluate expenditures.				3
10.				

SPONSIBILITY SCORE:

$$\frac{31}{9} = \underline{3.4} \times 10 = \underline{34}$$

Total of Responsibilities/Results Ratings	Number of Responsibilities	Average Responsibility Rating
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Responsibility Score

DISCIPLINARY ACTIONS: Any disciplinary action taken with the employee during this appraisal period is to be listed below. For each area, list the specific disciplinary step taken, the date of action, and the reason or unwanted behavior it involved. Copies of disciplinary documentation are to be maintained in the agency's personnel files. Remember, appropriate responsibilities and work habit(s) should reflect the fact that performance required disciplinary action.

DISCIPLINARY SCORE: This section should include the use of the discipline steps of reprimand and suspension only. The Disciplinary Score does not include warnings (oral). Warnings are documented only in the Work Habits and Disciplinary Actions areas. Identify the most severe step of the discipline system that has been utilized with the employee during this appraisal period. If the most severe step was one or more reprimands, the Disciplinary Score will be 7. If the most severe step was one or more suspensions, the Disciplinary Score will be 17. Otherwise, the Disciplinary Score will be zero.

DISCIPLINARY SCORE: _____

7/29/2008
(3/3)**APPLICATION FOR PROFESSIONAL EMPLOYMENT****Exempt Classification****RETURN TO:**

Albert P. Brewer Developmental Center
Department of Mental Health & Mental Retardation
P. O Box 8467
Mobile, AL 36689-0467
(205) 633-0400

GENERAL INSTRUCTIONS:

Complete all portions of this application that are applicable to you and the position for which you are applying. Failure to do so may result in your not being considered for the position for which you are applying. Type or print clearly in ink.

AN EQUAL OPPORTUNITY EMPLOYER

Name	Mildred Thornton Groggle	First	Middle	Last
Address	173 North Mendenhall	House or Apartment No.	Street	Zip Code
City	Memphis	Tn.	38117	
Legal Residence	Same as above			
City	County	State		

Title of Position For Which You Are Applying

Planning & Quality Assurance Specialist I

Date of Birth	Telephone Number
Mo. Day Yr.	Home Office
3 14 51	(401) 685-0133 (401) 527-5211

Place of Birth	City	County	State
Portsmouth		Virginia	

Social Security Number	552-86-1837
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NOTE: This Department is an equal opportunity employer. To comply with federal reporting requirements we must maintain statistics on employment of protected classes.

Sex (Check one)	Age	Race (Check one)
1. <input checked="" type="checkbox"/> Male	36	<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic
2. <input checked="" type="checkbox"/> Female		<input type="checkbox"/> Other

EDUCATION High school graduate or GED? Yes No

If no, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of business, correspondence, or vocational school attended:	FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	Did you Graduate?	Area of Study	Degree

Name and location of Colleges and Universities Attended	FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	Did you Graduate?	Field(s) of Study	Degree and Date
Memphis State University Memphis, Tennessee	9/69	12/72	Yes	Special Education	Speech Drama B.S.E 1972

Name and location of Graduate or Professional School	FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	Did you Graduate?	Field(s) of Study	Degree and Date
Memphis State University	4/72	12/75	Yes	Special Education	Psychology M.Ed 1975

If you attended college, but did not graduate, show credit received. Sem. hrs. _____ Otr. hrs. _____	List professional certificate(s) or license(s) and state where issued			
	Teaching certification in Special Edu., + Speech 000483710 Tennessee			

List below courses included in your education which are particularly related to the duties or qualifications of the position for which you are applying.					
Subjects	Sem. hrs.	Otr. hrs.	Subjects	Sem. hrs.	Otr. hrs.

Special Education Courses Methods & Materials Teaching EMR's Teaching TMR's Teaching SMR + PMR	60		Behavior Management Speech + Public Speaking	21	
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CERTIFICATE (Must be signed in ink by applicant):
I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I understand that any false statements may cause me to be refused the opportunity of employment or cause my employment to be immediately terminated without recourse to due process or protection provided by law.

Signed Mildred Groggle Date 3/6/88

REFERENCES

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

Name	Address	Occupation
Russell White	Arlington Developmental Center P.O. Box 399 Arlington TN 38002	Superintendent
Dr. Stephen Bell	Mid-South Hospital 135 N. Pauline Memphis, TN	Psychologist
Dr. Wellington Mack	Arlington Developmental Center	Assistant Superintendent Assist Comm. Services

Do you have any physical handicaps or health problems that would keep you from doing the kind of work for which you are making application?

Yes No

Have you ever been involuntarily terminated or forced to resign from a position?

Yes No

Have you ever been convicted of a law violation other than a minor traffic violation?

Yes No

If you answered "Yes" to any of the above questions, attach an explanation on a separate sheet.

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your specific duties as they relate to the duties of the position for which you are applying. (Attach additional sheets if necessary)

1. Current or Last Employer	Your Official Job Title	Exceptional Problems Unit				
Mid-South Hospital	Program Director	children + Young Adolescents				
Address	Type of Business					
135 N. Pauline Memphis, TN	Psychiatric Hospital					
FROM Month Year	TO Month Year	Total Months	If part-time, number of hours per week	Beginning Salary	Ending Salary	May we contact employer?
5/87 Present		10		\$38,000 per year	\$40,000 per year	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Number/Title of Employees you Supervised : Equipment you Operated : Reason for Leaving
 2 - Psychologists, Nurses, Teachers, Social Workers, Program Team Leaders
 Describe your Duties in Detail: Program Coordinators, mental health workers, Activity Therapists. Responsible for the total operation of 2 psychiatric units housing 50 children + adolescents. Responsible for all personnel actions, staffing patterns, clinical assignments, Budgets, Medicaid certification + JCAH accreditation. Serves as liaison with other hospitals + referral sources. Responsible for all programming + educational services provided the patients on the 2 floors. Maintains a constant census consistent with FTE's. Provides ongoing staff development + QA Workshops Meeting Federal + state regulations

2. Employer	Your Official Job Title	ICF/MR			
Arlington Developmental Center	Director of Standards Compliance + Records				
Address	Type of Business				
P.O. Box 399 Memphis, TN 38002	MR State Institution				
FROM Month Year	TO Month Year	Total Months	If part-time, number of hours per week	Beginning Salary	Ending Salary
4/83	5/87	49		\$25,000 per year	\$30,000 per year

Number/Title of Employees you Supervised : Equipment you Operated : Reason for Leaving
 16 - Director of Medical Records, Director of Training, 2 Program Directors, Media Specialist
 Describe your Duties in Detail: Program Coordinator + 10 Support Staff
 Responsible for maintaining Medicaid eligibility + ACDD accreditation. Managed 5 departments: Staff Development, Medical Records, Program planning, Life Safety / Environment + the Library. Member of the Executive STAFF + served as AOD once weekly, chairperson of QPA + LR committees, hearing officer for Admissions Review Board. Directed + supervised in house survey team for compliance with state + federal standards. Conducted + supervised weekly chart audits. Interpreted ICF/MR + ACDD standards. Implemented + supervised B-MOD program training objectives + Developed + conducted staff

Employer Arlington Developmental Center SS C. Box 399 Arlington, TN 38002				Your Official Job Title Director of Training + Staff Development	Type of Business MR State Institution ICF/MR
FROM Month Year	TO Month Year	Total Months	If part-time, number of hours per week	Beginning Salary \$ 22,000 per year	Ending Salary \$ 25,000 per year
1 81 4	83 24				

Number/Title of Employees you Supervised 1 Explorers Trainers + 1 Secretary	Equipment you Operated	Reason for Leaving Promotion
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Describe your Duties in Detail: Conducted & coordinated all inservice & outservice training for 850 employees, including recruitment, training needs analysis, data analysis, course development & revision. Developed & Maintained a 50 course curriculum, conducted all supervisory & Management training programs. Developed & initiated the program delivery system for the facility. Conducted in-lying workshops & seminars on quality assurance, MR program planning and behavior management for MR Agencies in West Tennessee.

Employer Memphis City School	Your Official Job Title Behavioral Specialist + Special Education Teacher				
Address 2597 Avery Memphis Tennessee	Type of Business City School System				
FROM Month Year	TO Month Year	Total Months	If part-time, number of hours per week	Beginning Salary \$ 10,000 per year	Ending Salary \$ 20,000 per year
1 73 4	81 18	99			

Number/Title of Employees you Supervised Teachers, Teacher Aides	Equipment you Operated	Reason for Leaving Administrative position
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Describe your Duties in Detail: Behavioral Specialist - Coordinated a 15 bed residential facility for adolescents with behavior disorders. Designed & implemented the facility wide behavior management program. Conducted parent & teacher training sessions. Provided public relations & staff development Workshops in behavior Management. Special Education Teacher - Instruction of remedial math & reading to moderately retarded persons. Instruction of self-help skills to profoundly retarded persons. Developed the initial training curriculum for profoundly retarded persons for the Memphis City School System.

Employer	Your Official Job Title
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Address	Type of Business				
FROM Month Year	TO Month Year	Total Months	If part-time, number of hours per week	Beginning Salary \$ _____ per _____	Ending Salary \$ _____ per _____

Number/Title of Employees you Supervised	Equipment you Operated	Reason for Leaving
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Describe your Duties in Detail:
